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Under the Papapaget Restuction Act of 1885, no pageons are instanted to respond to a collection of information united it displays a world CMB control number. Application Number 10/081,583 Filing Date **REVOCATION OF POWER OF** February 22, 2002 First Named Inventor ROBINSON ATTORNEY and APPOINTMENT OF Arl Unit 3713 **NEW POWER OF ATTORNEY** Examiner Name CHRISTMAN Attorney Docket Number 1064U002 I hereby revoke all previous powers of attorney given in the above-identified application: A Power of Attorney is submitted herewith. OR 000047461 I hereby appoint the practitioners at Customer Number: Please change the correspondence address for the above-identified application to: The address associated with Customer Number: OR Firm or Charles A. Rattner, Esq. Individual Name Address 12 Homewood Lane Address City Darien Country Zlp 06820 USA Telephone Fax (203) 547-6129 (203) 662-9858 1 am the: Applicant/Inventor. Assignee of record of the entire interest, See 37 CFR 3,71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Jose Garcia Signature Date Telephone 3-18-204 212-809-8400 NOTE: Signatures of all the invantore or estrightors of record of the emise interest or their representative(s) are required. Submit multiple forms if more than one alignature is required, see below. forms are supmitted

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12035476129 From: Charles Rattner

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## **REVOCATION OF POWER OF** ATTORNEY and APPOINTMENT OF **NEW POWER OF ATTORNEY**

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Application Number	10/081,583
Filing Date	February 22, 2002
First Named Inventor	ROBINSON
Art Unit	3713
Examiner Name	CHRISTMAN
Attorney Docket Number	105411000

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Firm or Individual Name	Charles A. Rattner, Esq.				
Address	12 Homewood Lane				
Address	Address				
City	Darien				
Country	USA	State	CT	Zip	06820
Telephone	(203) 662-9858	Fax	(203) 547-6	120	100020
I am the:			(200) 047-0	12.37	
Applicant/Inventor.					
Assignee of record of the entire interest, See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
SIGNATURE of Applicant or Assistance of Personal					
	Name Charlene Noll				
Signature X 10	ere Woll	<del></del>			
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Firm Indivi	or dual Name	Charles A. Rattr	er, E	3q.		
Address		12 Homewood Lane				
City		Darlen				
Country		USA	State			
Telephone				CT	Zip	06820
em the:		(203) 662-9858	Fax	(203) 547-6	3129	
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OR  I hereby appoint the	ous powers of attorney given in to a submitted herewith.  practitioners at Customer Numb  correspondence address for the a	er: 00004	1461			
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Address	12 Homewood Lane					
City	Darien				· · · · · · · · · · · · · · · · · · ·	
Country	USA	State	TOT	Zip	100000	
Telephone	(203) 662-9858	Fex	101		06820	
am the:	(200) 002-9658		(203) 547-	6129		
Applicant/Inventor.  Assignee of record Statement under 37	of the entire interest. See 37 CF CFR 3.73(b) is enclosed. (Form	R 3.71. PTO/SB/9	<b>6</b> )			
	SIGNATURE of Applicant				·	
Daniel W	atts,		- VI COCOLO	7		
Signature Juva U	lett					
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	are submitted.					

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## **REVOCATION OF POWER OF ATTORNEY and APPOINTMENT OF NEW POWER OF ATTORNEY**

Application Number 10/081,583 Filing Date February 22, 2002 First Named Inventor ROBINSON Art Unit 3713 Examiner Name CHRISTMAN Attorney Docket Number 106411002

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OR			•		
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The address associated with 000041461 Customer Number:					
OR					
Firm or Individual Name Charles A. Rattner, Esq.					
Address	12 Homewood Lane				
Address					
City	Darien				
Country	USA	State	CT	Zip	06820
Telephone	(203) 662-9858	Fax	(203) 547-6	129	<del></del>
I am the:					
Applicant/inventor.					•
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
SIGNATURE of Applicant or Assigner of Record					
Name Alberta Carcia					
Signature					
Date 3/2/04		Telepho	Z   Z-0U9-0	400	
NOTE: Signatures of all the inventors or essignment of record of the entire interest or their representative(a) are required. Submit multiple forms if more than one signature is required, see below.					
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